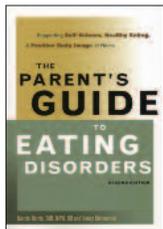


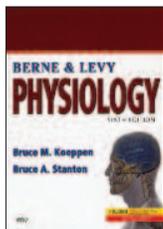
**New on the bookshelf:  
Recent releases by  
DMS faculty authors**

*The Parent's Guide to Eating Disorders.* By Marcia Herrin, Ed.D., M.P.H., adjunct assistant professor of community and family medicine at DMS; and Nancy Matsumoto. Gürze; 2007 (second edition).



This book describes a step-by-step approach to help parents normalize their child's eating and exercise patterns. It covers the medical consequences of eating disorders and explains how to deal with peers, school, camp, and sports. The book also includes a mother's first-person account of her daughter's recovery from anorexia.

*Physiology.* Edited by Bruce M. Koeppen, M.D., Ph.D.; and Bruce Stanton, Ph.D., professor of physiology at DMS. Elsevier Mosby; 2008 (sixth edition). Designed for medical students, this



textbook uses an organ system-based approach to describe the mechanisms that regulate bodily functions. Disease and abnormal functions are discussed as well. The volume includes new full-color artwork and contains clinical and molecular information set apart from the main text.

MEDIA MENTIONS: DMS

Among the people and programs coming in for prominent media coverage in recent months was the physician who pioneered the field of outcomes research. "Data has been assembled by Dr. Jack Wennberg and his associates at Dartmouth Medical School for at least two decades," a guest on



National Public Radio's *Talk of the Nation* noted, mentioning that "states' spending per capita on health varies enormously." The *Baltimore Sun* cited Wennberg's research, too, in an article about a "new hypothesis" in health care, in which "doing less for patients might improve their health while controlling costs." (See [dartmed.dartmouth.edu/winter07/html/braveheart.php](http://dartmed.dartmouth.edu/winter07/html/braveheart.php) for a recap of Wennberg's career.)

Two researchers who collaborate regularly with Wennberg also showed up in the press—in the *Atlantic Monthly*. The article, which was subtitled "The health-care crisis no candidate is addressing? Too many doctors," mentioned that "Elliott Fisher, a physician and researcher at the Center for the Evaluative Clinical Sciences at Dartmouth, quipped at a recent gathering at the Institute of Medicine, 'If we sent 30 percent of the doctors in this



country to Africa, we might raise the level of health on both continents.'" The article also noted that "in a paper published last year in the journal *Health Affairs*, David Goodman



and his colleagues at Dartmouth examined care at academic medical centers. . . . They tallied the number of doctors" at each and found not only that "the variation was enormous" but that hospitals that used more doctors "did not produce better outcomes than hospitals using relatively few doctors."

Several other publications cited work by Wennberg and his colleagues, including *Consumer Reports*, the *New York Times*, and the *Miami Herald*. "A 2003 Dartmouth study found that up to 30 percent of the \$2 trillion spent in this country on

medical care each year—including what's spent on Medicare and Medicaid—is wasted," *Reader's Digest* noted. And the *Star-Telegram* of Fort Worth, Tex., said, "Increased spending doesn't necessarily buy increased quality of care. A Dartmouth Medical School analysis of Medicare . . . found vast disparities in payments—but they varied based on geography rather than on how sick the patients were, or how good the treatment."

A Dartmouth surgeon spoke with the *Pittsburgh Tribune-Review* about financial incentives that encourage liver transplant centers to give organs to healthier patients. "No question, if you're relatively healthy coming in, you're going to cost less and they're going to make more money at a center," said Dr. David Axelrod, transplant surgery chief at Dartmouth-Hitchcock Medical Center. . . . "They're not doing this just to make money, but the economics are clearly driving a portion of this issue. There are clearly economic benefits."



For perspective on a finding that uninsured patients are more apt to be diagnosed with late-stage cancer, the *New York Times* looked north. "Do these findings mean that patients without insurance are being diagnosed too late, or that insured patients are being excessively diagnosed?" said Dr. H. Gilbert Welch, a professor at Dartmouth who studies the usefulness of medical procedures." And in a *U.S. News & World Report* article about women with ductal carcinoma in situ (DCIS), "Welch argued that as mammography continues to detect smaller and smaller DCIS lesions, there can be a tendency to overtreat." Welch weighed in on prostate cancer screening, too. "Many men agree to prostate screening without thinking much about it," he told MSNBC.



"Do cholesterol drugs do any good?" *Business Week* asked in a January 17 cover story about statins. Among the national experts tapped to answer this question was a Dartmouth physician-researcher.

A N D D H M C I N T H E N E W S



“Difficult risk-benefit questions surround most drugs, not just statins. One dirty little secret of modern medicine is that many drugs work only in a minority of people. ‘There’s a tendency to assume drugs work really well, but people would be surprised by the actual magnitude of the benefits,’ says Dr. **Steven Woloshin**, associate professor of medicine at Dartmouth Medical School.”



A story in the *Washington Post*, about a University of Pennsylvania study which found that radiation therapy doses can vary widely among hospitals, quoted “**Candice Aitken**, assistant professor of radiation oncology at



Dartmouth-Hitchcock Medical Center.” Aitken explained that intensity-modulated radiation therapy “can help us sculpt the dose around an odd-shaped tumor next to a critical structure.” The point of the study, said Aitken, “is that we need to come up with methods of reporting doses so that we can interpret studies performed at different institutions better.”

The *New York Times* cited a Dartmouth expert on *in vitro* fertilization [IVF] in an article about the effort to reduce multiple births. “We have been getting better at IVF



over the years, and as success rates go up, the number [of embryos] we transfer has to go down accordingly,’ said Dr. **Judy Stern**, director of the human embryology and andrology lab at Dartmouth-Hitchcock Medical Center. . . . ‘Where three embryos used to work and give you mostly singletons, now we transfer two, because we’re making better embryos and more of them implant.’” (See [dartmed.dartmouth.edu/summer07/html/disc\\_fertility.php](http://dartmed.dartmouth.edu/summer07/html/disc_fertility.php) for more on Stern’s work.)

A Harvard study of aortic aneurysm repair “is likely to hasten the trend toward more procedures being done with a device called a stent-graft instead of the typical surgery,” the *Wall Street Journal* recently reported. “Vascular surgeon **Robert Zwolak** of Dartmouth Medical School, who had read the study,” told the *Journal* that “‘surgical repair, even though it’s a very good operation, has this



instance of incisional hernias and bowel obstruction that somewhat tarnishes it.’ . . . The study showed the difference in death rates from surgery compared with stent-grafts increased with the patients’ age. Dr. Zwolak said he especially is inclined to use stent-grafts in relatively older patients, from 75 to 84 years old.”

“Dr. **Henry Bernstein**, . . . chief of general academic pediatrics at Dartmouth,” answered some questions recently in the *Denver Post*. One reader asked if it’s safe for children to take adult vitamins. “Children older than four years of age may have similar recommended daily values for certain micronutrients as adults,” Bernstein explained. “How-



ever, it’s generally safest to wait until age 12 before giving an adult vitamin to a child.” Another reader wondered about giving extra vitamin C to a child. “The ‘upper limit’ of vitamin C, meaning the most your child should have in a day, is 400 milligrams for 1- to 3-year-olds and 650 milligrams for 4- to 8-year-olds,” said Bernstein.

“Most dermatologists tell their patients that diet plays no role in acne,” said the *Boston Globe*. “New research suggests that’s wrong.” Old research suggested it was wrong, too. A DMS adjunct professor, “Dr. **William Danby**, . . . from 1973 to 1980 kept a detailed log of his patients’ diets in a quest to understand the root of their acne. . . . He noticed a trend:

Those who consumed the most dairy also had the most severe acne.” Another DMS adjunct was quoted, too. “Dr. **Jeffrey Dover** . . . finds the milk studies fascinating. ‘I have had some nice successes with suggesting to patients that they don’t eat dairy,’ he says, ‘and I’ve seen at least a handful of patients with very impressive improvement of their acne that was very stubborn up to that point.’”

*USA Today* looked into the rising use of sleeping pills, noting that the number of prescriptions is up 60% since 2000, while the number of emergency



room visits due to the use or misuse of a new class of such pills is up 19% since 2005. “**Michael Sateia**, chief of sleep medicine at Dartmouth, says there are many problems that may give rise to insomnia. For example, a patient’s rest may be disrupted due to sleep apnea, a sleep-related breathing disorder that can actually be exacerbated by sleeping-pill use. ‘An accurate diagnosis is critical to developing a treatment plan,’ he says.”

The *Times of London* recently took on several health myths, including the advice to drink at least eight glasses of water daily.



“One academic, **Heinz Valtin** of Dartmouth Medical School, . . . has tried to scotch the myth, without success. In the *American Journal of Physiology*, he concluded that it had no basis at all. Nor is it true, he says, that caffeinated drinks do not count. They do, and so do weak alcoholic drinks, such as beer, in moderation. For healthy adults living in a temperate climate leading sedentary lives—just the kind of people never seen without a plastic bottle—the injunction to drink more water is nonsense.”